

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021297

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5180

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

6/7/63

Caroline K. Bearden

Caroline K. Bearden

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DOCUMENT

BY AFFIDAVIT OF Informant.

1. FILED MAY 17 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Missouri	b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Ann's Home		d. STREET ADDRESS (If outside, give location) 418 Pasadena Ave.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CAROLINE K. BEARDON Bearden		4. DATE OF DEATH Month Day Year May 13, 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (last birthday) 77
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Charles O. Eberle		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Robt. B. Bearden (dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, go, or unknown) (If yes, give war or dates of) no	
16. INFORMANT Robert E. Bearden		17. ADDRESS 418 Pasadena	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concylomalacia 332X DUE TO (b) Multiple cerebral thromboses DUE TO (c) Cerebral arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive arteriosclerotic cardiovascular disease			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 6, 1960 to May 13, 1963 and last saw her alive on May 5, 1963 Death occurred at 1156 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John T. Lawton, M.D.		22b. ADDRESS 634 N. Grand Blvd.	
22c. DATE SIGNED May 14, 1963		22d. (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 15, 1963	
23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.		23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR M. J. Croghan		25. ADDRESS 7825 Big Bend	
26. DATE RECD. BY LOCAL REG. MAY 14 1963		26. REGISTRAR'S SIGNATURE Leah Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

Miss Hester

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.